# SALIX ENROLLMENT FORM

## PATIENT INFORMATION

Last Name _____ First Name _____

Social Security No _____ Date of Birth _____

Sex □ M □ F Weight_____ Height_____ Allergies_____

Home Phone _____ Work/Mobile _____

Home Address _____

City _____ State _____ Zip _____

## PATIENT INSURANCE INFORMATION

Primary Medical Insurance _____ Medical Insurance Phone _____

Subscriber Name _____

Rx Card (PBM) _____ Group No _____

Prescription Card Bin # _____ PCN # _____

## TREATMENT ARRANGEMENTS

•Start Date:_____ Ship Meds □ Home □ Doctor's Office

## STATEMENT OF MEDICAL NECESSITY

**DIAGNOSIS:**

□ IBS-D (K 58.0) □ Travelers diarrhea (A09) □ Hepatic Encephalopathy (K 72.90) □ Ulcerative Colitis (K 51.40)

□ Other: _____ Date of Diagnosis: _____ Prior Medications: _____ □ **NKDA**

## PRESCRIPTION INFORMATION

| DRUG | STRENGTH | DIRECTIONS | QUANTITY | REFILLS |
|---|---|---|---|---|
| □ **PLENVU** | □ 1Kit | □ Use as directed.<br>□ Others : | | |
| □ **LUCEMYRA** | □ 0.18mg | □ Take 3 tabs by mouth QID days 1-7, take 2 tabs by mouth QID on day 8 and take 1 tab by mouth QID on day 9 with or without food.<br>□ Others : | | |
| □ **XIFAXAN (HE)** | □ 550mg | □ Take one tablet by mouth BID with or without food as directed.<br>□ Others : | **60** | |
| □ **XIFAXAN (IBS-D)** | □ 550mg | □ Take one tablet by mouth TID for 14 days with or without food as directed.<br>□ Others : | **42** | |
| □ **UCERIS** | □ 9mg | □ Take one tablet by mouth Once a day.<br>□ Others : | | |
| □ **RELISTOR** | □ 150mg | □ Take 3 tablets by mouth every morning 30 minutes prior to breakfast.<br>□ Others : | | |
| □ **TRULANCE** | □ 3mg | □ Take one tablet by mouth Once a day.<br>□ Others : | **90** | |

**Physician Signature:** X_____ □ **DAW (Dispense as Written) Date:** _____

**Physician Name:** _____ **Phone:** _____ **Fax:** _____ **Office Contact:** _____

**Physician Address:** _____ **NPI:** _____ **DEA:** _____



By Signing this enrollment form you authorize Southside Pharmacy to call Insurance companies on behalf of you for prior authorization purposes.

**FAX TO 747-900-8489**

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